

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/601630
SOD 42827X00

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS | 8 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 8 minus 20 = | * 0 |
| INDEPENDENT CLAIMS | 1 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> | |

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 375.00 | OR BASIC FEE | 750.00 |
| X\$ 9= | | X\$ 18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL | | OR TOTAL | 750 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | OTHER THAN SMALL ENTITY | |
|--|---|-------|---|------------------|----------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | * 10 | Minus | ** 20 | = - | | |
| Independent | * 2 | Minus | *** 3 | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$ 18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | OTHER THAN SMALL ENTITY | |
|--|---|-------|---|------------------|----------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | * | Minus | ** | = | | |
| Independent | * | Minus | *** | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$ 18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | OTHER THAN SMALL ENTITY | |
|--|---|-------|---|------------------|----------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | * | Minus | ** | = | | |
| Independent | * | Minus | *** | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | | | | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$ 18= | |
| X42= | | X84= | |
| +140= | | +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.